PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10823177

CLAIMS AS FILED - PART T								SMALL ENTITY			OTHER THAN		
TOTAL OLABAS			(Column 1)		(Column 2)		TYP	TYPE		OR -	OR SMALLEN		
TOTAL CLAIMS			8				R	ATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			8 minus 20=		* —		X	S 9=		OR	X\$18=		
<u> </u>	DEPENDENT C				1	1		43=		OR	X86=	86	
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT				+1	45=		OR	+290=		
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2				TO	TAL		OR	TOTAL	056	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)	SMALL ENTITY			OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	NTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	· X\$ 9=			OR	X\$18=		
	Independent	·		***	CLAIM	=	X4	3=		OR	X86=		
ł	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							15=		OR	+290=		
,	111,							OTAL FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ï					
8		CLAIMS REMAINING		(Colun HIGHI NUME	EST	DD505417			ADDI-			ADDI-	
AMENDMENT B		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA	RA	TE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	** .	-	· =	x\$	9=		OR	X\$18=		
	Independent	*	Minus	***	<u></u>	= .	X4	3=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							- 1		Ü.,			
							+14			OR	+290=		
							ADDIT	FEE.	•	OR ,	TOTAL ADDIT. FEE		
		(Column 1)			. •			· ·					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RA	LE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		= ,	X4:	3=		OR	X86=	·	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
							+14	5=		OR	+290=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TAL FEE		OR ,	TOTAL ODIT. FEE		
		mber Previously Pa ber Previously Paid							opriate box				